DHMH - MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, MD 21215-2299 Phone Numbers: 410-764-4788 or Toll Free 1-877-526-2541 www.dhmh.maryland.gov/bswe/

YOUR LICENSE WILL EXPIRE ON OCTOBER 31, 2014. PRACTICING SOCIAL WORK WITHOUT AN ACTIVE LICENSE IS A VIOLATION OF THE LAW AND COULD RESULT IN THE SUSPENSION OF LICENSE PRIVILEGE AND/OR PROSECUTION.

GENERAL INFORMATION

It is recommended that a licensee renew as soon as possible.

Renewal applications must be **post marked, on or before October 31, 2014**, along with the continuing education credit report form and a check or money order for the renewal fee and payable to the Maryland Board of Social Work Examiners.

THERE IS NO LATE RENEWAL PERIOD.

A non-renewed license expires on October 31, 2014 and you cannot practice social work, in Maryland, until the license is reinstated. Reinstatement includes submitting the following: reinstatement application; reinstatement processing fee \$180 LBSW, \$265.00 LGSW, \$325.00 for LCSW & LCSW-C; continuing education report form; and copies of all the documentation of the required continuing education credit hours obtain in the preceding two years.

The Board receives notification from the Comptroller's Office if a licensee <u>owes state taxes</u>. The Board can only issue a license after the Comptroller's Office indicates that the licensee has paid the taxes or has made arrangements to pay the taxes.

On or before October 31, 2014, licensees, who will not be practicing social work after November 1, 2014 may submit an application and fee for **Inactive status**. Information regarding Inactive status and the application can be found on the Board's website http://www.dhmh.maryland.gov/bswe/

VETERANS FULL EMPLOYMENT ACT 2013- EFFECTIVE JULY 1, 2013

Under this ACT, the Board may allow an individual licensee who is a member of an armed force deployment outside of Maryland to:

Renew the license after the expiration of the renewal period without payment of a penalty or reinstatement fee if the late renewal is a direct result of the deployment; and

Complete any continuing education requirements for renewal within 6 months after renewing the license.

The licensee will be required to provide proof of deployment.

RENEWAL INSTRUCTIONS

License Number:

Enter license number. The number is printed in the left bottom box of the license or is always available on the Board's website under the "Verification" section.

Licensure Level:

Check the appropriate licensure level.

Fees:

Please make your check or money order payable to the Maryland Board of Social Work Examiners. <u>Include the license number on your check or money order</u>. This will expedite the processing of the renewal.

Fees Continued:

LBSW \$80.00 LGSW \$201.00 LCSW \$261.00 LCSW-C\$261.00

The Maryland Legislature created the Maryland Health Care Commission (MHCC) to develop and implement health care reform in Maryland. Health Occupations Article §1-209, requires that boards which renew certain licenses collect the MHCC fee as part of licensing fees. MHCC has determined the assessment of \$36.00 per renewal cycle and is included in the above fees.

PERSONAL INFORMATION SECTION

Name:

The Board must be notified in writing of a licensee's **name change**. Please provide a copy of legal documentation of the change in name with the renewal application.

Please print name; address; city; state; zip code; and be sure to include your email address.

Date of Birth and Social Security Number:

Your date of birth and social security number are required and will be used for identification purposes only. Also provide race, sex, home, work and cell phone numbers.

WORKER'S COMPENSATION SECTION

Only complete this section if you employ one or more persons in Maryland. Please provide the name of the insurance company, the policy number and expiration date for the Worker's Compensation insurer. For information call 410-864-5100 or use the web site, www.wcc.state.md.us.

LICENSING & EMPLOYMENT SECTION

Licensing:

List all States where you hold or held a Social Work license by using the State's abbreviation

Employment Status and Type of Practice:

Please select the employment status and type of practice which, in your opinion, best reflects

your employment.

QUESTIONS SECTION

Questions #1 to #6:

Only mark yes if the matter occurred within the <u>last two years</u>. Please provide a written explanation to **all** questions marked with a **yes**.

Questions #1 to #6 continued:

If **questions #4 & #5** are marked yes, the licensee must **mail** (do not fax) to the Director:

- ► the renewal application
- ► renewal fee
- ► continuing education report form
- ► a written narrative explaining the charges
- recrified copies of the police/court records and the final disposition.

A Board review is required before the license can be issued and therefore <u>all items should be mailed as soon as possible</u>.

Signature and Date:

Please be sure to sign and date the application.

Incomplete renewal forms will be returned and will cause a delay in the renewal of the license.

CONTINUING EDUCATION SECTION

Continuing Education Credit Report Form

All licensees must complete a continuing education credit report form and submit it with their renewal application. The Board conducts a random audit of the renewal applications. If audited, the Board will contact you and request that you submit the documentation of the continuing education credits obtained. All continuing education documentation must be kept for one (1) year. The Board may audit your continuing education records any time between November 2014 and October 2015.

List all continuing education programs, in chronological order, which satisfy the 40 (30 for LBSW) credit hour requirement.

List the program which satisfies the Ethics requirement in the section at the bottom of page three.

GENERAL INFORMATION - CONTINUING EDUCATION

All 40 (30 for LBSW) continuing education credit hours must be obtained in order to renew the license.

Ethics Requirement: Of the 40 (30 for LBSW) required credit hours, a licensee must obtain 3 credit hours in Category I in a content area focusing on ethics which is consistent with generally accepted professional standards. An online Ethics program will NOT meet the requirement.

Online Programs: a maximum of 20 credit hours can be earned in Category II from online/internet programs which are considered home study activities.

What are the continuing education requirements? The current continuing education requirement is 40 (30 for LBSW) continuing education units in programs and categories approved by the Board for each two-year period of licensure. Licensees must obtain at least 20 of the 40 credits (15 of the 30 for LBSW) in Category I. All 40 (30 for LBSW) credit hours may be earned in Category I programs given by Board Authorized Sponsors: see Maryland Board of Social Work (http://www.dhmh.maryland.gov/bswe/), Association of Social Work Boards (www.aswb.org) and the National Association of Social Workers (www.socialworkers.org) for a list of approved sponsors or courses.

What if you do not have the 40 continuing education credit hours? Please be reminded that a social worker has until October 31, 2014 to obtain the required credit hours. The Board cannot issue a license unless the social worker can attest to the fact that she/he has the required credit hours.

<u>IF</u> a licensee attempted to meet the CE requirements but failed due to a functional impairment; prolonged illness; mandatory military service or deployment; prolonged absence from the United States; financial hardship, the licensee may submit:

- 1) A <u>written</u> request, with supporting documentation, for an extension;
- 2) Renewal application; and
- 3) A check or money order for the renewal fee.

Requests for extension must be received no later than August 31st. The Board will review each request and if authorized, a six month conditional license will be issued which will expire on April 30, 2015. Licensees will have six months to meet their CE requirements.

Without exception, failure to meet the CE requirements or to submit a written request for an extension by August 31st will mean that the Board cannot renew the license.

NEED ASSISTANCE?

Check the Board's web site http://www.dhmh.maryland.gov/bswe/ or call the appropriate staff person Monday –Friday 8 am to 5 pm or send an email message anytime.

Continuing Education Regulations & Extensions – Compliance Officer

Deborah Evans, 410-764-5962 deborah.evans@maryland.gov

License Issuance – Licensing Coordinators

Last Name A to K - Beverly Lewis, 410-764-466 <u>beverly.lewis@maryland.gov</u>
L to Z - Louise Bohle, 410-764-4721 <u>louise.bohle@maryland.gov</u>



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RENEWAL APPLICATION FORM

PLEASE MAKE CHECK PAYABLE TO THE BOARD OF SOCIAL WORK EXAMINERS PLEASE RETURN AS SOON AS POSSIBLE TO AVOID DELAY IN PROCESSING.	Check # Amount \$			
Bachelor Social Worker (LBSW)	EXPIRATION DATE OF CURRENT LICENSE: 10/31/2014 LICENSE NUMBER:			
PERSONAL INFORMATION SECTION: LAST NAME AND GENERATIONAL INDICATOR (JR., III etc.) PLEASE PRINT	Date of Birth: Month Day Year			
FIRST NAME				
MIDDLE NAME / INITIAL	Social Security Number:			
WINDLE NAME / INTIAL	Sex: 1. Male 2. Female			
ADDRESS ONE				
ADDRESS TWO	Home Phone			
CITY STATE ZIP CODE	Work Phone Cell Phone			
EMAIL ADDRESS				
WORKER'S COMPENSATION SECTION: The Health Occupations Article SS1-202 requires that you verify that you are complying with the Worker's Compensation Law for your license to be issued. COMPLETE ONLY IF YOU EMPLOY ONE OR MORE PERSONS IN MARYLAND.				
Insurance Company (Worker's Compensation only) Policy Number Expiration Date:				
Expiration Date: (mm/ dd/ yyyy) For Worker's Compensation Information, Call 410 - 864 – 5100 http://www.wcc.state.md.us				
To further its commitment to equal opportunity, The Board of Social Work Examiners requests application This Information will be used for statistical purposes only by authorized personnel. Race/Ethnic idea. Are you of Hispanic or Latin origin? Yes No				
American Indian or Alaska Native Native Hawaiian o	r Pacific Islander			
Asian White				
Black or African American Other				

This side MUST be completed for license to be issued.

EM	PLOYMENT & LICENSING SECTION				
Lis	st all States where you hold a Social Work License. a.	b.	c. d.		
<u>Emp</u>	oloyment Information		<u> </u>		
Prac	ctice Zip Code	Employme	<u> </u>		
Prac	ctice County	1. 2.	Federal Government State Government (DHR-DSS, DHMH, DDA, DOC,DJS etc.)		
Emp	oloyment Status	3.	Private Practice - Solo		
1.	Full Time Social Work	4. 5.	Private Practice - Group Multi-Disciplinary Setting		
2. 3.	Part Time Social Work Inactive (active license but not actively practicing	6.	Non – Acute Care Facility		
	social work in Maryland)	7. 8.	Long Term Care Assisted Living		
4. 5.	Retired Work outside Social Work Field	9. 10.	Hospital School System		
6.	Other	11.	Other		
	QUESTIONS SECTION				
Yes No	CINIOE VOLID LACT DEGICTDATION, FOR THE FOLLOW	WING, CHECK	THE BOX YES OR NO NEXT TO EACH QUESTION.		
	Within the last two years, have you provided social work dangerous substance or other drug that is in excess of p				
	2. Within the last two years, has any State Licensing or Di your application for licensure, reinstatement, renewal, or suspension, or revocation?		d, or a comparable body in the Armed Services denied on against your license, including but not limited to reprimand,		
	3. Within the last two years, have you ever voluntarily surr	rendered your li	cense due to a violation of state licensing law(s)?		
	4. Within the last two years, have you pled guilty to, nolo contendere to, been convicted of, or received probation before judgment for any criminal act (excluding misdemeanor traffic violations)?				
	driving while under the influence of alcohol, while under	the influence of	een convicted of, or received probation before judgment for if alcohol per se, while impaired by alcohol, or while hore drugs and alcohol, or while impaired by a controlled		
	6. Within the last two years, has a claim for damages been	n awarded or se	ettled against you resulting from a malpractice suit?		
	ACH QUESTION ANSWERED WITH A YES PLEASE ATTAC PROVIDE A CERTIFIED COPY OF THE POLICE/COURT RE				
	that the information provided on this form and on the continuin dge and belief.	g education cre	dit report form are true and correct to the best of my		
Date	: Signature:				
Date					
PLEASE MAIL COMPLETED, SIGNED AND DATED RENEWAL FORM WITH A CHECK OR MONEY ORDER FOR THE RENEWAL FEE TO THE:					
	and Board of Social Work Examiners Patterson Avenue, Baltimore MD 21215-2299				

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CONTINUING EDUCATION CREDIT REPORT FORM

NAME:	LICENSE NUMBER:				
	TIONS: Do <u>not</u> attach the centice will be sent if you are sel	ertificates. Please note that this does not co	onstitute an audit. A		
40 (3	0 for LBSW) credit hours	required & obtained between 11/01	/2012 & 10/31/2014		
		urs) (LBSW require 15 credit hours)			
DATE	SPONSOR	TITLE	HOURS		
	equirement: (at least 3 Categ	ory I credit hours – the Ethics requiremen	at cannot be earned from a		
ATE	SPONSOR	TITLE	HOURS		
			Category I Total		

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CATEGORY II (20 credits hours may be earned) (LBSW require 15 credit hours)

DATE	SPONSOR	TITLE	HOURS

Catagom	77	Total	
Category	11	1 otat	

(40 (30 for LBSW) credit hours required & obtained between 11/01/2012 & 10/31/2014)

GRAND TOTAL

COMPARISON/CONVERSION CHART

Credit Education Hour(s)*

- 1 Academic Credit = 5 Credit Hours
- 1 Academic Audit Credit = 3 Credit Hours
- 1 OETAS Credit** = 10 Credit Hours
- 1 Clock/Contact Hour = 1 Credit Hour
- 1 60 Minute Class Hour =1 Credit Hour
- * Continuing Education Hour(s): to determine the number of equivalent credit hours consider the number of hours in the program excluding all breaks, mid-morning, lunch time and mid-afternoon.
- **OETAS Credits: The Office of Education and Training for Addiction Services

Information concerning continuing education requirements is located on the Board's website: http://dhmh.maryland.gov/bswe/SitePages/Continuing ed.aspx